

PROF. RAJENDRA SINGH (RAJU BHAIYA) UNIVERSITY, PRAYAGRAJ

TRAVELLING ALLOWANCE BILL

1. Full Name (in CAPITAL LETTERS) _____ 5. Purpose of Journey _____
 2. Grade Pay _____ 3. Employee/Teacher's Code _____ 6. Date of actual days of work _____
 4. Full Residential Address (with pincode no.) _____
 7. Name of college Serving/Retd. (with pincode no.) _____

| PARTICULARS OF JOURNEY AND HALTS | | | | | | Kinds of Journey Rail (Mail or passangers) bus, Motor car, jeep car etc. | Actual Railway Fare Or Bus Fare | | Distance (in Kilometers) Covered by rail or Road | | | Daily Allowance | | | Total Amount | | Remarks | |
|--|------|------|---------|------|------|--|----------------------------------|---|--|---------------------|--------|-----------------|------|--------|--------------|-----|---------|----|
| Departure | | | Arrival | | | | Class in which Journey Performed | Actual Fare Excluding charges for reservation | Num ber of Kilo- meter | Rate of Kilo- meter | Amount | No.of Days | Rate | Amount | | Rs. | | P. |
| Station | Date | Hour | Station | Date | Hour | | | | | | | | | Rs. | P. | | | |
| | | | | | | | | | | | | | | | | | | |
| (.....) | | | | | | | | | | | | | | | | | | |
| Amount claimed in words | | | | | | | | | | | | | | | | | | |
| (Please affix Revebye Stamp if Rs.1/- if claim is Rs. 5000/- or abov | | | | | | | | | | | | | | | | | | |
| Full Signature of the claimant | | | | | | | | | | | | | | | | | | |
| Total of Each Column | | | | | | | | | | | | | | | | | | |

| Certificate to be signed by the claimant | Certificate to the verifying officer | For Use in Accounts Section |
|--|--|---|
| Certified that the journey was performed in the class of accommodation for which claim has been made to which I am entitled and no concessional fare was available. Certified that the claim is being made for the first time. Certified that any claim for any part of the above journey is not payable from any other source and if paid shall not be accepted. Certified that an advance of Rs. _____ was received in words) _____ vide Cheque No. _____ dated _____ for the above journey. The amount of the Advance has been adjusted from the total claim. _____ Full signature of claimant | 1. This bill has been entered at serial No. _____ Page No. _____ of T.A. Bill Register maintained in _____ section _____. 2. Certified that the journey was performed in the interest of the University. Certified that claim in this bill has been passed for the first time. Budget head is verified. Date: _____ _____ Full signature of the verifying officer Important : The verifying officer should ensure that the dates for which halt has been claimed are in accordance with rule and the journey has been performed between the place as per directions of the University. | Pay Rs. _____ (Rs. _____) _____ (Amount in words) Dealing Asstt. _____ Supdt. _____ AR/DR/FO Paid by Cheque No. _____ Date _____ Voucher No. _____ For Rs. _____ _____ Dealing Asstt. _____ Supdt. _____ A.R.(Accounts) F.O. |